

MDCH - CMHSP - Serious Emotional Disturbance (SED) Waiver Database
Effective January 1, 2008

CPT/ HCPCS	Mod	Description	Status	Fee Screen	Parameters
90772		THER/PROPH/DIAG INJ, SC/IM	A	\$10.55	Limited to 5 per month
90801		PSY DX INTERVIEW	A	\$86.77	Limited to 1 per month
90802		INTERACTIVE PSY DX INTERVIEW	A	\$92.15	Limited to 1 per month
90804		PSYCHOTHERAPY, 20-30 MIN	A	\$37.25	Limited to 10 per month
90805		PSYCHOTHERAPY, 20-30 MIN W/ E&M	A	\$40.91	Limited to 10 per month
90806		PSYCHOTHERAPY, 45-50 MIN	A	\$55.98	Limited to 10 per month
90807		PSYCHOTHERAPY, 45-50 MIN W/ E&M	A	\$59.64	Limited to 10 per month
90808		PSYCHOTHERAPY, 75-80 MIN	A	\$83.54	Limited to 10 per month
90809		PSYCHOTHERAPY, 75-80, W/ E&M	A	\$86.55	Limited to 10 per month
90810		INTERACTIVE PSYCHOTHERAPY, 20-30 MIN	A	\$40.26	Limited to 10 per month
90811		INTERACTIVE PSYCHOTHERAPY, 20-30, W/ E&M	A	\$45.00	Limited to 10 per month
90812		INTERACTIVE PSYCHOTHERAPY, 45-50 MIN	A	\$60.28	Limited to 10 per month
90813		INTERACTIVE PSYCHOTHERAPY, 45-50 MIN W/ E&M	A	\$63.51	Limited to 10 per month
90814		INTERACTIVE PSYCHOTHERAPY, 75-80 MIN	A	\$87.41	Limited to 10 per month
90815		INTERACTIVE PSYCHOTHERAPY, 75-80 W/ E&M	A	\$90.00	Limited to 10 per month
90846		FAMILY PSYCHOTHERAPY W/O PATIENT	A	\$54.26	Limited to 10 per month
90847		FAMILY PSYCHOTHERAPY W/ PATIENT	A	\$66.31	Limited to 10 per month
90853		GROUP PSYCHOTHERAPY	A	\$18.30	Limited to 10 per month
90862		MEDICATION MANAGEMENT	A	\$29.50	Limited to 5 per month
92506		SPEECH/HEARING EVALUATION	A	\$75.14	Limited to 1 in 90 days
92507		SPEECH/HEARING THERAPY, INDIVIDUAL	A	\$35.52	Limited to 8 per month
92508		SPEECH/HEARING THERAPY, GROUP	A	\$16.79	Limited to 8 per month
96101		PSYCHO TESTING BY PSYCH/PHYS	A	\$55.12	Limited to 1 in 90 days
96102		PSYCHO TESTING BY TECHNICIAN	A	\$25.19	Limited to 1 in 90 days
96103		PSYCHO TESTING ADMIN BY COMP	A	\$15.93	Limited to 1 in 90 days
96116		NEUROBEHAVIORAL STATUS EXAM	A	\$61.79	Limited to 1 in 90 days
96118		NEUROPSYCH TST BY PSYCH/PHYS	A	\$73.85	Limited to 1 in 90 days
96119		NEUROPSYCH TESTING BY TECH	A	\$37.68	Limited to 1 in 90 days
96120		NEUROPSYCH TST ADMIN W/COMP	A	\$27.34	Limited to 1 in 90 days
97003		OT EVALUATION	A	\$46.07	Limited to 2 per year
97004		OT RE-EVALUATION	A	\$27.77	Limited to 2 per year
97533		SENSORY INTEGRATIVE TECHNIQUES, EACH 15 MIN	A	\$14.86	Maximum of 2 sessions per month; Each session up to 4 units
97802		MEDICAL NUTRITION THERAPY, EACH 15 MIN	A	\$10.33	Maximum of 2 sessions per year; Each session up to 4 units
97803		MEDICAL NUTRITION THERAPY RE-ASSESSMENT, EACH 15 MIN	A	\$10.33	Maximum of 5 sessions per month; Each session up to 4 units

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H0001		ALCOHOL AND/OR DRUG ASSESSMENT	A	\$159.62	Limited to 1 in 90 days
H0002		BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION FOR TREATMENT PROGRAM	A	\$80.00	Limited to 1 in 90 days
H0004		BEHAVIORAL HEALTH COUNSELING & THERAPY; PER 15 MIN.	A	\$23.51	Limited to 26 units per month
H0005		ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN	A	\$57.51	Maximum of 5 sessions per month
H0015		ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT	A	\$103.21	Maximum of 31 sessions per month
H0018		BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL	A	\$202.56	Maximum of 14 days per month
H0031		MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	A	\$297.47	Limited to 1 in 90 days
H0036		COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT (HOME BASED SERVICES). FACE-TO-FACE; PER 15 MIN	A	\$66.74	Maximum of 90 units per month
H2011		CRISIS INTERVENTION SERVICE, PER 15 MIN	A	\$59.38	Maximum of 48 units per month
H2015		COMP COMM SUPP SVC, 15 MIN	A	\$6.40	Maximum of 744 units per month
H2015		COMP COMM SUPP SVC, 15 MIN	A	\$9.60	Holiday rate
H2015	TT	COMP COMM SUPP SVC, 15 MIN > 1 PT	A	\$4.80	Maximum of 744 units per month
H2015	TT	COMP COMM SUPP SVC, 15 MIN > 1 PT	A	\$7.20	Holiday rate
H2022		COM WRAP-AROUND SV, PER DIEM	A	\$340.00	Maximum of 4 per month
H2022	TT	COM WRAP-AROUND SV, PER DIEM MORE THAN ONE PATIENT	A	\$255.00	Maximum of 4 per month
M0064		MONITORING OR CHANGING DRUG PRESCRIPTIONS	A	\$15.50	Maximum of 5 per month
S5111		HOME CARE TRAINING, FAMILY; PER SESSION	A	\$150.00	Maximum of 4 per month
S5145		FOSTER CARE, THERAPEUTIC, PER DIEM, AGE 0-10		\$110.00	
S9470		NUTRITIONAL COUNSELING, DIETITIAN VISIT	A	\$24.48	Maximum of 13 per month
T1001		NURSING ASSESSMENT/ EVALUATION	A	\$46.17	Limited to 1 in 90 days
T1005		RESPIRE CARE SVC, UP TO 15 MIN	A	\$6.40	Maximum of 1248 units per month
T1005		RESPIRE CARE SVC, UP TO 15 MIN	A	\$9.60	Holiday rate
T1005	TT	RESPIRE CARE SVC, UP TO 15 MIN > 1 PT	A	\$4.80	Maximum of 1248 units per month
T1005	TT	RESPIRE CARE SVC, UP TO 15 MIN > 1 PT	A	\$7.20	Holiday rate
T2036		THERAPEUTIC CAMPING, OVERNIGHT; EACH SESSION	A	\$1,400.00	Maximum of 3 sessions per year
T2038		COMMUNITY TRANSITION; PER SERVICE	A	\$0.01	Limited to 1 in 3 years Services are authorized by CMHSP